

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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50						
TOTAL IND.				5		
TOTAL DEP.				43		
TOTAL CLAIMS				48		

#	*	*	*
IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.	5		
TOTAL DEP.	48		
TOTAL CLAIMS	53		